

Supplementary third party mandate for individuals

Please return to:

We recognise the fact that some clients do need us to act on instructions given by parties other than themselves and completion of this form will enable us to do so. However, you should carefully consider the consequences of providing any other person with authority to administer your financial affairs and we recommend that you consult your legal adviser if you have any doubts about doing so.

Ashburton (Jersey) Limited
PO Box 239
IFC1
The Esplanade
St Helier
Jersey
JE4 8SJ
Channel Islands

Please complete in BLOCK CAPITALS.

To: Ashburton (Jersey) Limited

Client number:

It's essential that you keep Ashburton informed if there are any changes to your situation or wishes so that your investment can continue to be managed and protected.

You are hereby authorised to accept instructions on my/our account from the person(s) detailed in the following third party mandate. This authority is to remain in force until removed by me/us in writing or our demise.

Instructions may include, but are not limited to, the selling, converting, transferring or purchasing of additional shares in my/our own name(s).

In consideration for you acting from time to time upon instructions signed by the specified third parties, I/we hereby agree to indemnify and hold you harmless in respect of all claims, actions, damages, proceedings, costs and expenses suffered or incurred by you as a result, direct or otherwise, of you acting upon such request.

The document must be signed in accordance with the mandate held in our records.

IF FILLING OUT THIS FORM ELECTRONICALLY, PLEASE ENSURE YOU PRINT A HARD COPY AND THEN SIGN.

Additional third party details

Third party

Please advise your relationship to the clients mentioned in section 01 of the third party mandate for individuals.

Title	Last name	Forename	Middle name(s)	Former/Maiden names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	Town/City of birth	Country of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of domicile	Nationality/Dual nationality (if held)
<input type="text"/>	<input type="text"/>

If you are resident outside your country of birth, do you still have any financial connection with your country of birth?

Yes No

If yes please provide details:

Additional third party details (continued)

Have you, a family member or close associate ever been a Politically Exposed Person (PEP)?

Yes No

Have you ever been entrusted with a prominent public function?

Yes No

Have commission or consultancy fees ever been a source of wealth?

Yes No

If you have answered yes to any of the questions above, please provide a full explanation. Further documentary evidence may be required. (Please continue on a separate piece of paper if required)

Residential Address (PO Box is not acceptable)

Country Postcode Email address

Telephone number (home) Telephone number (work)

Mobile number

Postal address (for mailing if different to above)

Country Postcode

Employed Self-employed Retired (Please provide details of last employment)

Other: please provide further details _____

Name of employer Employer's business

Job title / position held Length of service

Declaration of US citizenship or US residence

Please tick to confirm.

I confirm that I am not a US citizen or resident in the US for tax purposes.

Signed

Name

Date

_____ D | D | M | M | Y | Y | Y | Y |

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